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Role of Trauma Services in the Admission or Consultation of Trauma Patients

Purpose: To delineate the admission or consultation process in the care of the trauma patient.

Guidelines:

- A. Trauma Services Admission
 - a. All Category I or Category II trauma activations that require admission to Deaconess Midtown Hospital will be admitted to Trauma Services
 - i. If trauma is not the primary reason requiring admission, the Trauma Surgeon may sign of the case to another physician who agrees to become the attending
 - 1. This must be documented in a note in the patient's EMR
 - b. All Category I and Category II pediatric (≤ 18 years of age) trauma activations admitted to Deaconess Midtown will be admitted to Trauma Services
 - i. A Pediatric Intensivist consultation will be obtained at the Trauma Surgeon's discretion
 - c. All obstetrical trauma patients requiring further evaluation from the Trauma Surgeon will be admitted to Trauma Services
 - i. A call will be placed to the OB ED physician for further guidance on testing and interventions needed
 - ii. Qualifying nursing personnel will be required to come from The Women's Hospital to be a resource at the patient's bedside as deemed necessary by physicians
 - 1. See OB Guideline for additional information
 - d. Trauma admission orders should be completed on all trauma patients admitted to Trauma Services
- B. Trauma Surgeon Consult
 - a. Emergency Physician or admitting physician can contact the Trauma Surgeon on call for any patient requiring admission to the hospital for any traumatic injury that does not fit Category I or Category II criteria
 - i. This includes any patient admitted to services other than Trauma Services who needs trauma consultation

- b. Injured patients who merit a trauma consult should be referred to the Trauma Surgeon on call
 - i. This consult should be entered in the EMR under IP Consult to Trauma Services so that it will be place on the Trauma Surgeon's rounding list
 - ii. A phone call is required to Evansville Surgical Associates' (ESA) call center in order for the Trauma Surgeon on call to be notified of need for consult
 - 1. This entry should include which surgeon was called so that Trauma Services can track the Surgeon's time as part of the quality improvement process
 - iii. If the injured patient requires admission, the patient will be placed under the Trauma Center admission type
 - c. If the Trauma Surgeon is consulted for a medical surgical patient, the Surgeon will assess the patient within 6 hours of notification of the consult
 - d. If the Trauma Surgeon is consulted for an ICU patient, the Surgeon will assess the patient within 1 hour of notification of the consult
 - e. It is recommended that the patient's primary care provider be consulted as a courtesy and to consult if deemed necessary by the Trauma Surgeon
 - i. This has been included on the trauma admission order set
- C. Direct Admissions
- a. Patients who have injuries that occurred < 24 hours prior to arrival should be admitted through the Emergency Department to Trauma Services
 - b. Patients who bypass the Emergency Department as a direct admit and are admitted for a traumatic injury that meets activation criteria or consultation criteria will require the Admitting Physician to consult Trauma Services
 - i. The Trauma Surgeon should then obtain permission from the primary/attending to follow this patient's care
 - ii. This patient's chart will be marked for "screening" to determine appropriateness of admission service
 - c. The Admitting Physician should document a Trauma Consult and speak to the Trauma Surgeon on call
- D. Signing Off the Case
- a. Trauma Surgeon may determine that Trauma Services is no longer needed if
 - i. The trauma patient has been thoroughly evaluated and is hemodynamically stable with an isolated injury; or
 - ii. The trauma patient has an injury that only requires outpatient follow up
 - b. Upon determination of Trauma Services being no longer necessary, the Trauma Surgeon should
 - i. Enter a progress note stating
 - 1. Transfer of care and naming the receiving service (i.e. Hospitalist, Critical Care, PCP, etc.)
 - 2. An order should be placed if receiving service is not already involved in the care of the patient

References:

- Deaconess Hospital P&P 30-03 Patient Room Preparation and Bed Assignment
- Deaconess Hospital P&P 40-06 Emergency Medical Transfer and Active Labor (EMTALA) Guidelines
- Deaconess Trauma Guideline Resuscitation Role Assignments